



IDAHO DEPARTMENT OF LABOR
Wage and Hour Section

**SPONSORSHIP STATEMENT
FOR CONTRACTOR'S EMPLOYEE**

I, _____, a licensed Farm Labor Contractor, agree to sponsor the application of my employee, _____, and shall promptly notify the Director of the Idaho Department of Labor upon the above named employee's termination.

Additionally, I affirm that:

1. The above named employee engages in activities that would require licensing as a farm labor contractor solely on my behalf as his/her employer;
2. The above named employee does not personally employ any workers and is not responsible for paying any workers' wages;
3. The above named employee meets all of the conditions for licensing as a farm labor contractor;
4. I, as a licensed Farm Labor Contractor and as the employer of my agricultural workers, have and will maintain proof of financial responsibility; and
5. My license remains in good standing.

Licensed Contractor's Signature

Date